


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  BOOKED COMPLETES AFL-CIO LG # 6013 W WINDHILL RD TAMENPORT, VA 22006	1. FILE NUMBER 0 2 4 - 9 2 3	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 1 9 9 9 Through 0 6 3 0 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 14	Annual audit report and tax information filing by outside accountant

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Michael W. Ryan</u> <u>Vice</u> - PRESIDENT <u>9 11 9 1 0 0</u> (319) 386-1818 Date Telephone Number	77. SIGNED: <u>Robert Kuchel</u> <u>Treasurer</u> <u>9 11 9 1 0 0</u> (319) 285-4923 Date Telephone Number
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 1 9
19. What is the date of your organization's next regular election of officers? MO YEAR
0 6 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 8 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 6-22 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 50-300
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per (Month, Year, etc.)

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 4 - 9 2 3

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash	1	4 2 9 2 0 2	4 6 5 7 8 2
	26. Accounts Receivable			
	27. Loans Receivable			
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	1 4 7 59 0	1 5 4 1 5 4
	31. Other Assets	3	5 0 3	
	32. TOTAL ASSETS		5 7 7 2 9 5	6 1 9 9 3 6
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable	8		
	34. Loans Payable			
	35. Mortgages Payable			
	36. Other Liabilities		4	1 2 8 1
	37. TOTAL LIABILITIES		1 2 8 1	1 1 1 3
38. NET ASSETS (Item 32 less Item 37)		5 7 6 0 1 4	6 1 8 8 2 3	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 4 - 9 2 3

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			2 0 3 3 4 6	56. To Officers	9		1 5 3 7 5
40. Per Capita Tax				57. To Employees	10		4 0 5 2 3
41. Fees				58. Per Capita Tax			7 0 6 1 1
42. Fines			2 0 4 7 7	59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		3 0 5 5 6
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies			3 4 8	62. Professional Fees			2 0 5 5
46. Interest			2 2 9 3 6	63. Benefits	11		5 1 6 0
47. Dividends				64. Contributions, Gifts & Grants	12		2 8 2 5
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			
50. Loans Obtained	8			67. Withholding Taxes			4 7 0 8
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		1 5 6 6 5
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		2 9 3 5	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members...			
				73. Other Disbursements	15		2 6 3 1 9
55. TOTAL RECEIPTS			2 5 0 0 4 2	74. TOTAL DISBURSEMENTS			2 1 3 7 9 7

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 2 4 - 9 2 3

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 2 4 - 9 2 3

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Taxes	1,113
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 2 4 — 9 2 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): Davenport, IA	10,000		10,000	
2. Totals from additional pages (if any)				
3. Buildings (give location): Davenport, IA	192,175	52,686	139,489	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	26,213	21,548	4,665	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	228,388	74,234	154,154	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

FILE NUMBER: 0 2 4 - 9 2 3

SCHEDULE 8 — LOANS PAYABLEForm LM-2 (Revised 2000)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 4 — 9 2 3

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name First Name 1. C r o s s D a v e Title P r e s i d e n t Status C		1 6 8 5				1 6 8 5
Last Name First Name 2. R y a n M i k e Title V i c e P r e s i d e n t Status C		1 0 4 5				1 0 4 5
Last Name First Name 3. M i r f i e l d J o e Title R e c S e c r e t a r y Status C		3 3 8 0				3 3 8 0
Last Name First Name 4. W e r n i n g B r u c e Title F i n a n c i a l S e c Status C		4 3 0 0				4 3 0 0
Last Name First Name 5. K u e h l R o b e r t Title T r e a s u r e r Status C		4 9 6 5				4 9 6 5
Last Name First Name 6. Title Status						
Last Name First Name 7. Title Status						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8						15,375
				10. Less Deductions		
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements 1 5 3 7 5		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 4 - 9 2 3

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: D i e t z First Name: S h e r r i Position: S e c r e t a r y Name of Affiliated Organization:	3 4 6 0 3				3 4 6 0 3
2. Last Name: First Name: Position: Name of Affiliated Organization:					
3. Last Name: First Name: Position: Name of Affiliated Organization:					
4. Last Name: First Name: Position: Name of Affiliated Organization:					
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					5,920
8. Totals of Lines 1 through 7					
Enter the Total from Line 10 in..... Item 57 ➡			9. Less Deductions		
			10. Net Disbursements 4 0 5 2 3		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 2 4 - 9 2 3

Description (A)	To Whom Paid (B)	Amount (C)
1. Insurance	Carriers	5,160
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 1 6 0
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Various	2,825
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 8 2 5
Enter the Total from Line 8 in	
↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Supplies	7,642
2. Adv, Dues & Subs	3,738
3. Telephone/Utilities	8,466
4. Repairs & Maintenance	3,808
5. Insurance	2,048
6. Property Tax	4,854
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 0 5 5 6
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Membership Events	2,365
2. Miscellaneous	570
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 9 3 5
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Bank Charges	238
2. Meetings	2,589
3. Union Picnic	6,842
4. Miscellaneous	715
5. Membership Events	6,841
6. Bad Debt	772
7. Picket Duty	8,322
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 6 3 1 9
Enter the Total from Line 17 in  Item 73	